Application or Docket Number

Effective October 1, 2003 953 1015												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER T				
TOTAL CLAIMS			2			-		RATE	FEE	7	RATE	FEE -
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			2. minus 20=		•	&		XS 9=		OR	XS18=	9
INDEPENDENT CLAIMS			2 m	inus 3 =	•	6		X43=		OR	X86=	A
ML	ILTIPLE DEPE	NDENT CLAIM P	ESENT					÷145=		1	-290=	A
- 11	the difference	e in column 1 is	less than z	ero, enter	"0" in (column 2	Ĺ	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II								·	L	Jon	OTHER	
8/4(05 (Column 1) (Column 2) (Column 3)									ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAJD F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE -	ADDI- TIONAL FEE
	Total	.4	Minus	-2	0	= 0		XS 9=		OR	X\$18=	0.
	Independent	1.4	Minus		3	-/		X43=		OR	X86= (200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	0
1/.							L	TOTAL DDIT, FEE			TOTAL ADDIT, FEE	200
1	1106	(Column 1)		(Colum	າກ 2)	(Column 3)	_	5017.1 CC		•		
51		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 4	Minus	- 2	2	= 0		XS 9=		OR	X\$18=	
	Independent	· 14	Minus	*** T	<u> </u>	= <u>()</u>	Γ	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	\.
							AE	TOTAL DOIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)								•				Y
MEN		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	da '		=		X\$ 9=		OR	X\$18=	
	Independent	<u></u> -!	Minus	***	•	's	F	X43=		OR	X86=	
	HIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		\vdash	+145=		ı	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
11	the "Highest Nun	nber Previously Pail nber Previously Pail ber Previously Paid	d For IN THIS	SPACE is	less than	3. enter "3."		OIT. FEE L			ODIT. FEE	